

# State of Washington Application for a Water Right Please follow the attached instructions to avoid unnecessary delays:97

For Ecology Use Fee Paid /O. Date

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ty Brewster	State Wa Zi	ip+4_98812	+ 0007 FAX:	(509) 689	- 3674
Section 2. CONT  ☐ Same as above	'ACT - PERSON	TO CALL	ABOUT THE	E APPLICA	ATION
me Phil Made	den	3 :	Home Tel:(	504) 687-	3046
iling Address P.O	den . Box 7		Work Tel:(	509 (689 -	2567
y Brewster	State Wa Zi	ip+4 98817	<u>Z</u> +FAX:	(509) 689	- 3674
ationship to applicant_	Employee	of Ge	bbers far	ms Ir	nc.
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pose(s) of Irriga SCRIPTION OF TH sufficient.	permit to use not more from a surface wat tion, Stockwolf PLACE OF USE.	(See instruction	e control  ns.) NOTE: A tax	parcel number	DA COUT A COUT TO A T BO
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ECY 040-1-14 Rev. 9/95 F

**APPLICATION** 

54-32601 Appl. No.: \_

Sec	MOII 5. GENERAL WATER STSTEM INTORMATION
A.	Name of system, if named:
В.	Briefly describe your proposed water system. (See instructions.)  Two, Two Hundred HP Submersible pumps in Lake Chelan One 14" O.D. Steel Mainline climbing 1300' vertical to a Two acre/foot reservior. At 700' vertical a booster Station consisting of two 200 HP Turbine pumps. At the reservior two 50 HP Centrifugal pumps will feed 28" PVC Main lines branching into 4" Submains.
	2 8" puc main lines branching into 4" submains.
C.	Do you already have any water rights or claims associated with this property or system?   PROVIDE DOCUMENTATION.
	ction 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)
A.	Number of "connections" requested: Type of connection (Homes, Apartment, Recreational, etc.)
В.	Are you within the area of an approved water system?  If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Con	iplete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the Washington State Department of Health?  If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan?  If yes, when was it approved? Please attach the current approved version of your plan.
	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION omplete for all irrigation and agriculture uses.)
A.	Total number of acres to be irrigated:
В.	List total number of acres for other specified agricultural uses:
	Use Pasture/General Ag. Acres Use Recregitional IrrigationAcres
C.	Total number of acres to be covered by this application: 280
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977)  Add up the acreage in which you have a controlling interest, including only:  ‡ Acreage irrigated under water rights acquired after December 8, 1977;  ‡ Acreage proposed to be irrigated under this application;  ‡ Acreage proposed to be irrigated under other pending application(s).
	<ol> <li>Is the combined acreage greater than 2000 acres?</li> <li>Do you have a controlling interest in a Family Farm Development Permit?</li> <li>□ YES ★ NO</li> </ol>
E.	Farm uses:  Stockwater - Total # of animals Animal type (If dairy cattle, see below)  Dairy - # Milking # Non-milking



### Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

YES - NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

## Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site. Travel 7mi. Nov Entiat on Hwy 97A. Turn onto Hwy 971A (Navavre Coulee Rd.). Trave 61/2 miles turn right on Bear MtN. Road. Travel approximately 13/4 miles. Turn left onto property.

# Section 10. REQUIRED MAP

Attach a map of the project. (See instructions.)

### Section 11. PROPERTY OWNERSHIP

Does the applicant own the land on which the water will be used?  YES If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the	
owner(s):	

B Does the applicant own the land on which the water source is located? If no, submit a copy of agreement:

YES - NO

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with

Landowner for place of use (if same as applicant, write "same")

reason(s):	
	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
	is/are

Use this page to continue your answers to any questions on the application. Please indicate section

number before answer.

Ecology staff\_\_\_

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).